BEST AVAILABLE COPY

Effective October 1, 2000													
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY TYPE			OR	OTHER THAN R SMALL ENTITY		
TOTAL CLAIMS							R/	TE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		BASI	C FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			/ \mathrew minus 20=		*		X\$	9=		OR	X\$18=		
INDEPENDENT CLAIMS			→ minus 3 =		*		X/	X40=		OR	X80=		
MU	LTIPLE DEPEN	IDENT CLAIM PI	RESENT				+135=			OR	+270=		
* If	the difference	in column 1 is	less than zero, enter "0" in colu			olumn 2		TOTAL		OR	TOTAL	210	
CLAIMS AS AMENDED - PART II											OTHER	THAN	
	THE LAST NO. COMMAND IN CO. 19	(Column 1)	(Column 2) (Colum				SMALL ENTITY				SMALL ENTITY		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIC PAID	BER OUSLY	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NDN	Total	*	Minus	**		=	X\$	9=		OR	X\$18=		
AME	Independent			***	- OL 4114	=	X4	0=		OR	X80=		
	FIRST PRESENTATION OF MULTIPLE DEPENDEN				CLAIM		+13	35=		OR	+270=	ļ	
								OTAL . FEE		OB	TOTAL ADDIT. FEE		
		(Column 1)		(Colu		(Column 3)		. r ce		• .	NUUII, FEE		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IEST IBER OUSLY	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	J xs	9=		OR	X\$18=		
	Independent	*	Minus	***	CLANA	=	X4	0=		OR	X80=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								35=		OR	+270=		
TOTAL										OR	TOTAL ADDIT. FEE		
(Column 1) (Column 2) (Column 3)								- ·					
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	X\$	9=		OR	X\$18=		
	Independent	*	Minus	***		=	X4	0=		OR	X80=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							5-			+270=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	TOTAL		
***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ADDIT. FEE											ADDIT. FEE		
		nber Previously Pai					er found in	the ap	propriate box	in col	umn 1.		

Application or Docket Number